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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES			Docket Number (Optional) ROC920030176US1		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P. O. Box 1450, Alexandria,	In re Application of				
	Daniel C. Birkestrand				
	Application Number			Filed	
VA 22313-1450" [37 CFR 1.8(a)], or electronically transmitted via EFS-Web, on June 16, 2008.	10/650,541			August 28, 2003	
Signature/Mayra Bravo/				EMAND GRACE PERIOD FOR EM CONFIGURATIONS	
Typed or printed name <u>Mayra Bravo</u>	Art Unit Examiner			JINFIGUITATIONS	
	2132	2 Benjamin E, Lanier			
Applicant hereby <b>appeals</b> to the Board of decision of the examiner.	of Patent App	eals and	Inter	ferences from the	
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))				\$ <u>510</u>	
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has already been authorized to charge fees i I have enclosed a duplicate copy of this sheet.	n this application to	a Deposit Acc	count.		
☐ The Director is hereby authorized to chaoverpayment to Deposit Account No. 09				equired, or credit any	
☐ A petition for an extension of time under 37 CFR 1.136(a)	(PTO/SB/22) is enc	losed.			
I am the /Ger			o G. McClellan, Reg. No. 44,227/		
applicant/inventor.			Signature		
assignee of record of the entire interest.			Gero G. McClellan		
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			Typed or printed name		
☑ attorney or agent of record.			713-623-4844		
Registration number 44,227.			Telephone number		
attorney or agent acting under 37 CFR	1.34.				
Registration number if acting under 37 CFR 1.34			June 16, 2008		
				Date	
NOTE: Signatures of all the inventors or assignees of record of the Submit multiple forms if more than one signature is required, see b		ir representa	tive(s) ar	e required.	

\*Total of \_\_ forms are submitted.